

Kansas Prescription Monitoring Program

Kansas Board of Pharmacy 800 SW Jackson, Room 1414 Topeka, KS 66612 Telephone: (785) 296-4056

Fax: (785) 296-8420

REQUEST FOR A REPORTING EXTENSION

Please provide the information requested below. (Print or Type) Use full name not initials.				
Name of Dispenser			License or Permit Number	
Street Address		City	City	
State		Zip Code	Area Code and Telephone Number	
Name of PIC (Pharmacy only)		KS License Nun	KS License Number of PIC (Pharmacy only)	
Signature:		Date:		
		<u> </u>		
Reason for extension:				
Amount of time requested:				
For K TDACS Stoff Has Only				
Approved	For K-TRACS Staff Use Only oved Director or Designee Signature Date of Action			
Disapproved Notes:				
Notes:				